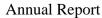


Arizona Department of Financial Institutions

Debt Management





Debt Management Company Annual Report

The attached Debt Management Company Annual Report must be completed and the original submitted to the Department on or before August 15 of each year.

The reporting period is July 1 of the previous calendar year through June 30 of the current calendar year.

A penalty of \$5.00 per day will begin to accrue on August 16 to all licensees whose original Report is not received.

Do not leave any questions unanswered. If a question is not applicable, so state on the application. Incomplete Reports will not be accepted.

Retain a copy of the Report for your records. The Department does not provide copies.

Licensing Division



Arizona Department of Financial Institutions

Debt ManagementAnnual Report



Debt Management Company Annual Report

July 1, _____ through June 30, _____

Type or legibly print all information.

Com	oany N	lame:)	License Number:			
Doing	g Busir	ness As:	DM-			
Com	oany A	address Line 1:				
Com	pany A	ddress Line 2:				
City: State:						Zip Code:
Company Telephone Number:			Company Fax Number: Company Toll Free N			nber:
Nam	e of inc	dividual to contact regarding the processing of this report:	:	E-mail Address:	Telephone Number & E	xtension:
1.	Fe	es: Amount of retainer fee charged e		\$		
	b.	. Monthly fee charged each debtor				\$
	c.					Yes 🗌 No 🗌
	d.					Yes No
	e.	Does total debt used for fee calculation include residential mortgage or rent payment? If yes, explain.				Yes 🗌 No 🗌
	f.	Has any fee been received prior t If yes, explain fully.	o proper r	notice being given to creditors?		Yes 🗌 No 🗌
2.		re remittances made to creditors no, explain why not.	as requir	red by law?		Yes No
3.		re statements of accounts furnish no, explain why not.		Yes 🗌 No 🗌		
4.		the full benefit of any compromno, explain why not.	Yes 🗌 No 🗌			
5.	Co	omplete the following for the firm	nancial in	stitution of the trustee check	ing account.	
	a.	_				
		Name Addres		City State	•	Account Number
	b.	Book balance of account as of		•		\$
	c.	Amount of undisbursed payme	ents from	debtors as of June 30 of the	current year:	\$

2910 North 44 th Street, Suite 310	Form:	DM-REP-001
Phoenix, AZ 85018	Revised	07/16/2009

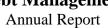


2910 North 44th Street, Suite 310

Phoenix, AZ 85018

Arizona Department of Financial Institutions

Debt Management





Form:

Revised

DM-REP-001

07/16/2009

6.	Has a copy of all advertising material been forwarded to the Superintendent within five (5) days after first using such material?						
	If no, explain why not.						
_							
7.	Ac	ecounts:					
	a.	Number of accounts as of June 30 of the previous year:					
	b.	Number of accounts as of June 30 of the current year:					
	c.						
	d. Number of accounts closed during the past license year (July 1 – June 30) due to complet debts being paid in full as agreed:						
	e.	Number of accounts canceled by debtor during the past license year (July1 – June 30):					
	f.	Number of accounts canceled by debt management company during the past license year (July 1 – June 30):					
		AFFIDAVIT					
ST	AT	E OF)					
CC	UN	NTY OF)ss.					
I (p	rint n	, being duly sworn, depose and say t	hat I signed the				
		l report as (capacity/title) of the above named licensee, having full a					
		port, I have read the report and the information contained therein is true.					
	F						
(D	ate)	(Signature)					
Ì	•	ribed and sworn to before me this day of 20					
Ì	•						
Su	bscı						